

## Immunization Registry Information System (IRIS) Parent/Guardian Record Request

IRIS – Immunization Program Lucas State Office Bldg, 5<sup>th</sup> Floor 321 E 12<sup>th</sup> Street Des Moines, IA 50319-0075 Phone: (800)374-3958 Fax: (800)831-6292

www.idph.state.ia.us/ImmTB/Immunization.aspx

lowa's Immunization Registry Information System (IRIS) is a statewide database of immunizations administered in Iowa from either public or private providers. IRIS helps parents, health care providers, schools and other authorized users to know an individual's immunization status.

lowa state law [lowa Code § 22.7(2) and 641IAC Chapter 7] provides immunization information is confidential, which can only be shared with enrolled users, including an individual's health care provider, school, child care facility, local health department, the individuals themselves or their parent/guardian if the person is a minor.

Parents and legal guardians can access records on behalf of their children until the child turns 18; after that point, the individuals themselves must request a record using the Adult Record Request Form. If you would like a copy of your child's immunization record, please complete the following <u>required</u> information and fax to your lowa health care provider or to the IRIS Help Desk fax: 800-831-6292.

Child's Name - First:	Middle:La	ast Name:	
Address:	City, State, Zip:		
Child's Date of Birth:	Place of Birth:	Gender: □Female □Male	
Please send the record to one of the fo	ollowing authorized users:		
☐ Health Care Provider ☐ School ☐	Child care facility ☐ Myself (Paren	ıt/Guardian) □Other	
Recipient/To The Attention of:			
Name of Organization:			
	Phone Number:		
OR			
Mailing Address:	City, State, Zip:		
By signing this agreement, I state that	I am the parent or guardian for the	child listed above:	
Print Name of Parent/Guardian:		Telephone Number:	
Signature:		Date:	
For Office Use Only			
Date Received:	Record Found, Date Sent:	Initials:	
☐ Record Not Sent Reason:			